

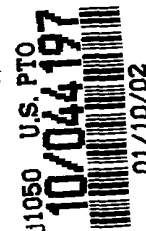
01-14-02
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January 10, 2002

Attorney Docket No.: 07917-089002

Box Patent Application
Commissioner for Patents
Washington, DC 20231

Presented for filing is a new continuation patent application of:

Applicant: MARIO STEVENSON

Title: DETECTION OF HUMAN IMMUNODEFICIENCY VIRUS

The prior application is assigned of record to University of Massachusetts, a Massachusetts corporation, by virtue of an assignment submitted to the Patent and Trademark Office and recorded on September 13, 2000 at 011092/0376.

Enclosed are the following papers, including those required to receive a filing date under 37 CFR §1.53(b):

| | <u>Pages</u> |
|---------------|--------------|
| Specification | 19 |
| Claims | 4 |
| Abstract | 1 |
| Declaration | 2 |
| Drawing(s) | 2 |

Enclosures:

- Form PTO-1449, 2 pages, listing documents cited in the parent application(s). Please confirm that these have been considered in this application by returning a copy of the Form PTO-1449 with the examiner's initials.

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail Label No. EL624275690US

I hereby certify under 37 CFR §1.10 that this correspondence is being deposited with the United States Postal Service as Express Mail Post Office to Addressee with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Date of Deposit January 10, 2002

Signature

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Commissioner for Patents

January 10, 2002

Page 2

- Preliminary amendment, 3 pages.
- Copy of Petition of Two Month Extension of Time filed in the parent application (2 pages).
- Postcard.

This application is a continuation (and claims the benefit of priority under 35 USC 120) of U.S. application serial no. 09/478,170, filed January 5, 2000. The disclosure of the prior application is considered part of (and is incorporated by reference in) the disclosure of this application.

| | |
|--|-------|
| Basic filing fee | \$370 |
| Total claims in excess of 20 times \$9 | \$0 |
| Independent claims in excess of 3 times \$42 | \$0 |
| Fee for multiple dependent claims | \$0 |
| Total filing fee: | \$370 |

A check for the filing fee is enclosed. Please apply any other required fees or any credits to deposit account 06-1050, referencing the attorney docket number shown above.

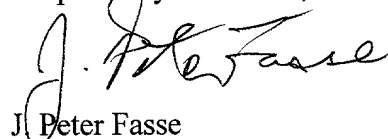
If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at (617) 542-5070.

Kindly acknowledge receipt of this application by returning the enclosed postcard.

Please send all correspondence to:

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Respectfully submitted,



J. Peter Fasse
Reg. No. 32,983
Enclosures
JPF/kxh
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